

**BASIC SKILLS EDUCATION PROGRAM (BSEP)
PROVIDER APPLICATION (2006-2007)**

Please carefully review the instructions prior to completing this application.

A. General Information (all applicants)

1. Check One: <input type="checkbox"/> Other accredited program <input type="checkbox"/> Other provider	3. Contact Information: Name: _____ Email: _____ Phone: _____
2. Provider Name:	4. Contact Address: Street: _____ City: _____ ZIP _____

B. Attach the following required submissions (all applicants).

- A brief description of the BSEP that shall be available to stipend recipients.
- A schedule of fees (include any amounts that BSEP stipend recipients will be charged in addition to the amount paid by the stipend).

C. Attach the following additional submissions required of providers that are not school districts, charter schools, or other accredited public or private educational programs.

- A copy of a current business license.
- Non-discrimination affidavit.
- Evidence of expertise and capacity to provide basic skills education.

D. If needed, attach the acknowledgment required of providers who are individuals employed by a school district or charter school.

E. Initial each of the required acknowledgments and affirmations (to be completed by all providers).

- ☐ The program has a physical location in Utah where students receiving BSEP services will attend classes and have direct contract with the program's teachers.
- ☐ The program affirms its willingness and intention to comply with the requirements and rules of the BSEP including the provision that the Basic Skills Education Provider shall not make any charge or refund contingent on a student passing or failing a test.
- ☐ The program will cooperate fully with the Utah State Office of Education to facilitate payments of stipends and to assure that all aspects of BSEP operate with equity and accuracy.
- ☐ Services will be provided to stipend recipients without discrimination on the basis of race, color, national origin, gender, economic status, language proficiency, or disability.
- ☐ All employees of the Basic Skills Education Provider who will be providing remediation services to public school students have had criminal background checks and results have been reviewed and approved by the applicant Basic Skills Education Provider consistent with Utah Code 53A-3-410

F. Required Signature (all applicants)

Name:	Title:
Signature:	Date:

**Mail the application with all attached materials to: Utah State Office of Education, Attn: T. Rawlings,
250 East 500 South, P.O. Box 144200, Salt Lake City, UT 84114-4200**

**BASIC SKILLS EDUCATION PROGRAM (BSEP)
PROVIDER APPLICATION (2006-2007)
INSTRUCTIONS**

Please review these instructions carefully before completing the application form.

A. General Information

1. The statute authorizing BSEP describes providers in three categories. Check the box for the category that best describes your status.

a. Other accredited public and private educational institutions

These may include accredited public and private secondary schools, accredited institutions of higher education, or programs accredited as special purpose schools.

b. Other providers

These may include tutoring services and individuals. Teachers employed by public school districts or charter schools who wish to provide services to students under BSEP fall into the "other provider" group.

2. Please provide the name of the provider. This is the institutional name, not the name of a specific instructor or of specific teachers.

3. Provide contact information for the program. This will be the name of the program administrator or director. This is the individual to whom information and correspondence will be directed.

4. Provide the address to which information and correspondence should be directed. This may not be the same address where BSEP services are provided.

B. Required Submissions (all applicants)

1. Utah State Board of Education Rule (R277-603) requires that all BSEP providers supply a brief description of the program that will be available to stipend recipients. This should be included in the application materials as a separate attachment. The description should include the approximate amount of service (in hours) that will be made available to students, the general mode of delivery of services, and the

2. Board rule requires that all BSEP providers supply a fee schedule. The schedule should include any fees that stipend recipients will be required to pay in addition to the amount of the BSEP voucher.

C. Additional Submissions (Other providers only)

Submissions in this part are not required of providers who are school districts, charter schools or accredited public or private providers. A form that includes a non-discrimination affidavit and agreement to meet background check requirements is included with these instructions.

D. Acknowledgment required of providers who are individuals employed by a school district or charter school..

Because of the potential for conflicts of interest, BSEP providers who are employed by Utah public and charter schools are required to affirm their awareness of the provisions of 53A-1-402.5 and R277-107, and agree to comply with these provisions.

E. Initial of acknowledgments

These acknowledgments must be initialed by the responsible administrator or manager of the Basic Skills Education Provider applicant.

F. Required signatures

The application must be signed by the responsible administrator or manager of the Basic Skills Education Provider applicant.

AFFIDAVIT OF NON-DISCRIMINATION

It is the policy of the _____ that it will not discriminate on the basis of race, color, religion, sex, national origin, age, or disability, in its programs, activities, or employment policies as required by the Utah Civil Rights Law, Title VI and VII (Civil Rights Act of 1964), Section 504 (Rehabilitation Act of 1973), and the Americans with Disabilities Act (42 U.S. § 12101, et seq.).

AFFIDAVIT:

I, _____, do swear or affirm that the statements made are complete and correct to the best of my knowledge and belief.

Signature: _____ Title: _____

Print name: _____

ATTESTED:

Sworn/affirmed and subscribed before me this _____ day of _____, 20 ____

Notary Public: _____ ID#: _____

Date of commission expiration: _____

Affix seal: